

DECLARATION AND POWER OF
ATTORNEY FOR PATENT APPLICATION

Attorney's Docket No. JB0600Q

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"EXPRESSION OF SOLUBLE HETEROLOGOUS PROTEINS IN BACTERIA UTILIZING A
THIOREDEXIN/PROTEIN EXPRESSION VECTOR"

the specification of which

☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____
and was amended on _____ (if applicable).

☐ was filed on _____ as PCT International Application No. _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

Priority Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____ Yes or No
-------------------	--------------------	---------------------------------	--------------------

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

_____ 60/011,606 (Application Number)	_____ April 30, 1996 (Filing Date)
---	--

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status – patented, pending, abandoned)
-----------------------------------	------------------------	--

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in Patent and Trademark Office connected therewith. (List name and registration number.)

John H.C. Blasdale Reg. No. 31895
 Matthew Boxer Reg. No. 28495
 Edwin P. Ching Reg. No. 34090
 Eric S. Dicker Reg. No. 31699
 Norman C. Dulak Reg. No. 31608
 Cynthia L. Foulke Reg. No. 32364
 Robert A. Franks Reg. No. 28605
 James M. Gould Reg. No. 33702
 Richard J. Grochala Reg. No. 31518
 Thomas D. Hoffman Reg. No. 28221

Henry C. Jeanette Reg. No. 30856
 Susan Lee Reg. No. 30653
 Warrick E. Lee Jr. Reg. No. 28030
 Paul G. Lunn Reg. No. 32743
 Anita W. Magatti Reg. No. 29825
 John J. Maitner Reg. No. 25636
 Joseph T. Majka Reg. No. 30570
 Edward H. Mazer Reg. No. 27573
 James R. Nelson Reg. No. 27929
 Paul A. Thompson Reg. No. 35385

Send Correspondence to:

Cynthia L. Foulke, Esq.
Schering-Plough Corporation
Patent Department, K-6-1, 1990
2000 Galloping Hill Road
Kenilworth, New Jersey 07033-0530

Direct Telephone Calls to:

Name: Cynthia L. Foulke, Esq.
 Telephone No.: (908) 298-2987
 Facsimile No.: (908) 298-5388

FULL NAME OF 1ST OR SOLE INVENTOR	FAMILY NAME <u>Raynikar</u>	FIRST GIVEN NAME <u>Paula</u>	SECOND GIVEN NAME <u>D.</u>
RESIDENCE & CITIZENSHIP	CITY <u>Old Bridge</u>	STATE OR FOREIGN COUNTRY New Jersey <u>NJ</u>	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 165 Commonwealth Circle	CITY Old Bridge	STATE & ZIP CODE/COUNTRY New Jersey 08857 USA

FULL NAME OF 2ND JOINT INVENTOR	FAMILY NAME <u>Greenberg</u>	FIRST GIVEN NAME <u>Robert</u>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <u>Sparta</u>	STATE OR FOREIGN COUNTRY New Jersey <u>NJ</u>	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 43 Whippoorwill Lane	CITY Sparta	STATE & ZIP CODE/COUNTRY New Jersey 07871

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of First Inventor	Signature of Second Inventor
Date	Date